Sri Lanka has been a success story for WHO’s engagement in global public health

Alaka Singh

(Keywords: World Health Organization, WHO, Sri Lanka, maternal health, public health)

On 7th April 2023 the World Health Organization (WHO) marked its 75th anniversary. In 1948 the Organization was established by Member States to steer the world towards the highest level of global health and well-being. In the wake of an unprecedented and prolonged COVID-19 pandemic, now is an opportune time to reflect on global public health over the past 75 years and the way forward to sustain and advance achievements towards the SDGs.

Sri Lanka was one of the first of the now 194 countries to join WHO and has, in fact, been a public health success. The country has delivered equitable access to quality care through a primary health care (PHC) approach since 1926, pre-dating the Alma Ata Declaration and WHO’s call on PHC for Health for All in 1978.

This Special Issue examines Sri Lanka’s public health journey and lessons learnt for building back better in the context of the dual crises of the pandemic and country-specific economic downturn. The evidence presented highlights a potential opportunity here to recalibrate Sri Lanka’s PHC for not only its epidemiological and demographic transition but, also, for broader health systems resilience, for both health as well as economic and other crises.

Sri Lanka’s success in eliminating malaria encapsulates best practices in disease surveillance, vector control and treatment for other programmes as well as other countries. The country was declared malaria-free on 5 September 2016 by WHO. Going forward, Wickramasinghe’s paper highlights the importance of integrating disease control programmes into general health services for efficiency and effectiveness, including for maintaining associated disease-free status. Senanayake et al trace 75 years of national commitment towards excellence in maternal health, highlighting the contribution of factors like the advancement of technology and socio-economic progress on service availability and utilization and health outcomes.

COVID-19 changed public health across the world, challenging health systems resilience in developing and developed countries alike. Sri Lanka was no exception. With all efforts focused on pandemic response, in Sri Lanka, as elsewhere, there was considerable impact on access to other health services. Nandasena et al present the impact of COVID-19 on financial risk protection and service accessibility in Sri Lanka from a cross-sectional study based on a representative sample of 3151 households from all districts. Households studied incurred high out-of-pocket expenditure during the entire period and almost 10% faced catastrophic expenses. Overall, during the pandemic, continuity of antenatal care and family planning services was found to be least disrupted and NCD-related services most affected. Related studies provide further evidence in specific areas. Jayatissa and colleagues conducted a study in 2021 on the prevalence of malnutrition and the pattern of dietary intake in 1-60 year olds in a nationally representative sample of 1778 households. Anthropometric measurements and 24 hour dietary recall data indicated double burden malnutrition (DBM) amongst children and adults; and, diets deficient in micronutrients.

The article by Agampodi et al on the magnitude of perinatal mental health issues underlines the neglect of the area thus far. In fact, mental health has been brought to the forefront of NCDs by both COVID-19 and the economic crisis, including that of health workers. Wijesinghe and colleagues have examined the mental health needs of frontline healthcare workers using a cross-sectional study among different categories during the pandemic. Over 50% of all categories reported having experienced mental health issues and, crucially, a key

Ceylon Medical Journal 2023; 68: si 5-6

DOI: https://doi.org/10.4038/cmj.v68iSI1.9786


Correspondence: AS, e-mail: <singha@who.int>
finding was the lack of mental health support services available for health workers.

The unprecedented economic crisis that unfolded in January 2022 brought a second shock for Sri Lanka, superimposed on COVID-19 and with recovery predicted to be slow and prolonged. Three papers underline the need to re-think the country’s health system – doing what’s already been done better as well as initiating new dialogues. Peiris highlights the impact of the pandemic in terms of morbidity, mortality and economic cost, emphasizing that for future preparedness and response, surveillance and data shall be central – both data sharing and data analyses. De Silva et al examine the production and deployment of Sri Lanka’s human resources for health; and, training capacity for different categories of the health workforce, especially in light of the large volume of migration of trained professionals caused by the economic crisis. Gopalan’s article focus on the critical challenge to Sri Lanka’s public financing that has been at the heart of equitable access to healthcare. He attempts to initiate a dialogue on how this could be safeguarded for progress towards achieving Universal Health Coverage (UHC). The paper focuses on the strategic purchasing function of financing to highlight the potential to free up public resources by improving efficiency in use, including engagement with the private sector (both for-profit and non-profit).

Sri Lanka’s strong programmatic approach has achieved basic health indicators well above the country’s income group – comparable, in fact, to developed countries. Like developing countries, the epidemiological and demographic challenge pre-pandemic was from a high and increasing burden of NCDs. The pandemic underlined this experience: the established programmes were better able to sustain services; and, further, it emphasized the complex influences on NCDs, often beyond health and requiring a multi-sector response, especially for mental health needs as brought to the forefront by COVID-19. Mental health also flags the opportunity to use lessons learnt for Sri Lanka to build back better: moving forward, service delivery would need to balance facility-based specialist care with health workers at community-level, especially readying the health system for an aging population; accordingly, the health workforce would need to be adjusted, taking into account migration due to the economic crisis; and, for overall implementation, adequate and sustainable financing shall be critical.

Public investment in public health has been at the core of Sri Lanka’s PHC approach – and this needs to be safeguarded. In the context of severe financial constraints, a key policy option is to institutionalise strategic purchasing to improve health systems efficiency across the PHC approach, facilitated by the effective use of technology – from data and information to e- and digital health.

Sri Lanka has been a success story for WHO’s engagement in global public health since the Organization’s inception. At the centre has been its exemplary social protection for health – delivering on the principles of PHC: equitable and quality care for all. The past years have been challenging but also an opportunity now to recalibrate PHC using a cross-cutting health system lens to make Sri Lanka an example of health recovery through multiple crises.